UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 2 Serial/Patent #10/522460						
3 Please refund the following fe	e(s):	4 PAP NUM	ER BER	5	DATE FILED	6 AMOUNT
Filing						\$
Amendment						\$
Extension of Time						\$
Notice of Appeal/Appeal						\$
Petition						\$
Issue						\$
Cert of Correction/Terminal Disc.						\$
Maintenance						\$
Assignment						\$
Other						\$
		7 TOTAL AMOUNT OF REFUND				\$
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
Overpayment		Credit Deposit A/C #:				
Duplicate Payment			9			
No Fee Due (Explanation):						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME:				ri T L		
SIGNATURE:		Repln PRONS 439/2005 PKIDWELL 0020083600 UHH:200100 Name/Number:10522460				
OFFICE: \$250.00 CR						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED: DATE:						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B